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PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMM.

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Application Number

First Inventor

Virgil A. Place

Title

Treatment of Female Sexual Dysfunction with Vasoactive Agents, Particularly Vasoactive Intestinal Polypeptide and Agonists Thereof

Attorney Docket Number

9050-0013.24

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ■ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
 2. ■ Applicant claims small entity status.
See 37 CFR 1.27.
 3. ■ Specification [Total Pages 55 + Cover]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 4. □ Drawing(s) (35 U.S.C. 113) [Total Sheets _____]
 5. ■ Oath or Declaration [Total Pages 4]
 - a. □ Newly executed (original or copy)
 - b. □ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. □ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
 6. □ Application Data Sheet. See 37 CFR 1.76
 7. □ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
 8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable)
 - a. □ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. □ CD-ROM or CD-R (2 copies); or
 - ii. □ paper
 - c. □ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

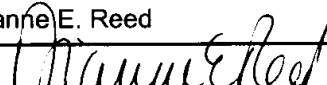
9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: U.S. Patent Application Serial No. 09/498,522 filed Feb. 4, 2000; which is a divisional of U.S. Patent Application Serial No. 09/181,316 filed October 27, 1998, abandoned, which was a CIP of U.S. Patent Application Serial No. 08/959,064 filed October 28, 1997, which issued on March 2, 1999 as U.S. Patent No. 5,877,216 and which was also a CIP of U.S. Patent Application Serial No. 08/959,057 also filed October 28, 1997, now abandoned.
Prior application information: Examiner: T. Criares Group / Art Unit: 1617

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

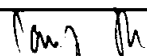
18. CORRESPONDENCE ADDRESS

| | | | | | |
|---|---|--|----------------|--|----------------|
| <input checked="" type="checkbox"/> Customer Number of Bar Code Label | | 23980 (Insert Customer No. or Attach bar code label here) | | or <input type="checkbox"/> Correspondence address below | |
| Name | Dianne E. Reed | | | | |
| Address | REED & ASSOCIATES | | | | |
| | 800 Menlo Avenue, Suite 210 | | | | |
| City | Menlo Park | State | CA | Zip Code | 94025 |
| Country | USA | Telephone | (650) 330-0900 | Fax | (650) 330-0980 |
| Name (Print/Type) | Dianne E. Reed | Registration No. (Attorney/Agent) | | 31,292 | |
| Signature |  | | Date | 8/13/01 | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Patents, Box Patent Application, Washington, DC 20231.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to "Commissioner for Patents, Box Patent Application, Washington, DC 20231."

| | | | |
|---|---|-----------------|-----------------|
| "Express Mail" Mailing Label No. | EL 910 310 845 US | Date of Deposit | August 13, 2001 |
| Name of Person Mailing Paper or Fee(Print/Type) | Sam Pen | | |
| Signature |  | Date | 08-13-01 |

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Address" service under 37 CFR § 1.10 on the date indicated below and is addressed to the Commissioner of Patents, Washington, DC 20231.

(Modified) PTO/SB/05 (12/97)

"Express Mail" Mailing Label No.: EL 910 310 845 US

Date of Deposit: August 13, 2001

Type/Printed Name of Person Mailing Paper or Fee: Sam Pen

Signature of Person Mailing Paper or Fee: [Signature]

FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$775

Complete if Known

| | |
|------------------------|------------------|
| Application Number | |
| Filing Date | Filed Herewith |
| First Named Inventor | Virgil A. Place |
| Group Art Unit | Not Assigned Yet |
| Examiner Name | Not Assigned Yet |
| Attorney Docket Number | 9050-0013.24 |

METHOD OF PAYMENT (check one)

1. ☐ The commissioner is hereby authorized to charge any additional fees and credit any overpayments to:
Deposit Account No.:
Deposit Account Name: REED & ASSOCIATES
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Due |
|----------------|-----------------|----------------|-----------------|------------------------|---------|
| 101 | 710 | 201 | 355 | Utility filing fee | \$355 |
| 102 | 320 | 206 | 160 | Design filing fee | |
| 104 | 490 | 207 | 245 | Plant filing fee | |
| 109 | 710 | 208 | 355 | Reissue filing fee | |
| 110 | 150 | 214 | 75 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | \$355 |

2. CLAIMS

| | | Fee from | | Fee Due | |
|---------------------------|-----------|----------|-------|---------|-------|
| Total Claims | | Extra | below | | |
| Independent | 40 - 20 = | 20 | X 9 | | \$180 |
| Claims | 9 - 3 = | 6 | X 40 | | \$240 |
| Multiple Dependent Claims | | | X | | |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Due |
|----------------|-----------------|----------------|-----------------|--|---------|
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 80 | 202 | 40 | Independent Claims in excess of 3 | |
| 104 | 270 | 204 | 135 | Multiple Dependent Claim | |
| 109 | 80 | 209 | 40 | Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | Reissue claims in excess of and over original patent | |
| SUBTOTAL (2) | | | | | \$420 |

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Larg e Fee Code | Entit y Fee (\$) | Small Fee Code | Entit y Fee (\$) | Fee Description | Fee Due |
|-----------------|------------------|----------------|------------------|--|---------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 390 | 216 | 195 | Extension for reply within second month | |
| 117 | 890 | 217 | 455 | Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 | Design issue fee | |
| 144 | 600 | 244 | 300 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submissions of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | |

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$

SUBMITTED BY

Complete (if applicable)

| | | | |
|-----------------------|--------------------|-----------------|---------|
| Typed or Printed Name | Dianne E. Reed | Reg. Number | 31,292 |
| Signature | <u>[Signature]</u> | Date | 8/13/01 |
| | | Deposit Account | |